

FINANCIAL AFFIDAVIT			
IN SUPPORT OF REQUEST FOR ATTORNEY, EXPERT OR OTHER COURT SERVICES WITHOUT PAYMENT OF FEE			
IN UNITED STATES IN THE CASE	MAGISTRATE <input checked="" type="checkbox"/> DISTRICT <input type="checkbox"/> APPEALS COURT or <input type="checkbox"/> OTHER PANEL (Specify below)	FOR AT	LOCATION NUMBER
USA V.S. RAFAEL RODRIGUEZ			
PERSON REPRESENTED (Show your full name) <u>Rafael Rodriguez</u>		1 <input checked="" type="checkbox"/> Defendant—Adult 2 Defendant - Juvenile 3 Appellant 4 Probation Violator 5 Parole Violator 6 <input type="checkbox"/> Habeas Petitioner 7 <input type="checkbox"/> 2255 Petitioner 8 <input type="checkbox"/> Material Witness 9 <input type="checkbox"/> Other	
CHARGE/OFFENSE (describe if applicable & check <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor)		DOCKET NUMBERS Magistrate District Court <u>04-10132-WGY</u> Court of Appeals	

QUESTIONS REGARDING INCOME AND ASSETS			
EMPLOYMENT	Are you now	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Am Self-Employed	
	Name and address of employer:		
	IF YES, how much do you earn per month? \$	IF NO, give month and year of last employment How much did you earn per month? \$	
	If married is your Spouse employed?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No IF YES, how much does your Spouse earn per month? \$ <u>1,000 (approx)</u>	
ASSETS	OTHER INCOME	Have you received within the past 12 months any income from a business, profession or other form of self-employment, or in the form of the form of rent payments, interest, dividends, retirement or annuity payments, or other sources? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
		RECEIVED	SOURCES
	IF YES, GIVE THE AMOUNT RECEIVED & IDENTIFY THE SOURCES		
	CASH	Have you any cash on hand or money in savings or checking accounts? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No IF YES, state total amount \$	
PROPERTY	Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	IF YES, GIVE THE VALUE AND \$ DESCRIBE IT	VALUE	DESCRIPTION

DEPENDENTS		Total No. of Dependents	List persons you actually support and your relationship to them	
OBLIGATIONS & DEBTS	MARRITAL STATUS	4		
	<input checked="" type="checkbox"/> SINGLE			
	<input type="checkbox"/> MARRIED			
	<input type="checkbox"/> WIDOWED			
	<input type="checkbox"/> SEPARATED OR DIVORCED		Madlene (daughter) Nicol (daughter) Juan (son) Mariano (brother) disabled	
DEBTS & MONTHLY BILLS	APARTMENT OR HOME:	Creditors	Total Debt	Monthly Paymt.
	\$ 700 (rent)			
	\$ 50 (phone)			
	\$ 100 (associated expenses food, etc)			

I certify under penalty of perjury that the foregoing is true and correct. Executed on (date) 4-29-04

SIGNATURE OF DEFENDANT (OR PERSON REPRESENTED) Rafael Rodriguez